



Tribute Giving Form

Enclosed is a gift of \$ _____ payable to
The Blair E. Batson Hospital for Children

This gift is given:

In Memory of: _____

In Honor of: _____

For (birthday, anniversary, etc.): _____

Please send notification of this gift to:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Donated by:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Please mail this completed form with your check or money order to:

Division of Public Affairs
Blair E. Batson Hospital for Children
2500 North State Street
Jackson, MS 39216

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